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CONFIRMATION NO. 8082

<b>SERIAL NUMBER</b> 10/530,145	<b>FILING OR 371(c) DATE</b> 11/14/2005 <b>RULE</b>	<b>CLASS</b> 248	<b>GROUP ART UNIT</b> 3632	<b>ATTORNEY DOCKET NO.</b> 00144-0232US1
<b>APPLICANTS</b> Michele Leblond, Partouru sur Odon, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/02935 10/07/2003				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 02/12512 10/09/2002				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 10
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23973				
<b>TITLE</b> Device enabling persons, including handicapped persons to practise roller skating, skateboarding, ice skating, skiing, horse-riding and swimming, without falling or sinking				
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	